Medi-Cal Redesign

Mental Health Input Process

Agenda

- ✓ Introductions and Housekeeping
- ✓ Structure and Process
- ✓ Background/Context/Charge to Department of Mental Health (DMH) and stakeholders
- ✓ Discussion of Strategies/Options
- ✓ Next Steps

Goals of the Redesign

- Protect eligibility for those people currently eligible
- Maintain essential services and align coverage with private sector
- Continue services to children as a Medi-Cal priority
- Increase the personal responsibility of Medi-Cal beneficiaries by requiring they share in the cost of services
- Promote work participation by continuing coverage of the working poor and allowing people to continue to maintain Medi-Cal coverage while their work income increases
- Improve program effectiveness and accountability by promoting managed care

Anticipated Elements of the Redesign Process

- Simplify Medi-Cal eligibility
- Modify benefit structure
- Incorporate benefiary cost-sharing
- Expand organized delivery systems, I.e., managed care, disease management, etc.
- Identify new sources of federal funding participation and potential efficiencies in the system

Roles

 Foundations—co-sponsor stakeholder process with the State

DHS

- Single state agency for Medi-Cal
- Lead department for redesign

• DMH

- Lead input process regarding specialty mental health services
- Share MH stakeholder ideas with applicable foundation/agency workgroups
- MH Stakeholder Input
 - IDEAS, IDEAS, IDEAS!

Focus of Input

- Medi-Cal Specialty Mental Health Services
- Changes that could be incorporated into Medi-Cal Redesign—waiver for following year
- Other issues—not focus of this meeting
 - Health care for people with mental illness or children/youth with emotional disturbance
 - Budget year changes--EPSDT audits, rebasing rates, etc.

Input

- Requesting assistance in identifying ideas to
 - Improve Medi-Cal mental health services
 - Consistent with the principles previously outlined
- Not consensus process
- We do want to understand your suggestions
 - Will follow up with you to clarify



DHS Stakeholder Groups

- Aging and Disability Issues
- Benefits/Cost Sharing
- Eligibility
- Financing
- Managed Care

What is EPSDT?

- Children/youth have broader entitlement to services under Medicaid/Medi-Cal
 - Expectation for systematic screening, early diagnosis and broad treatment
 - Medical necessity includes ameliorate mental illness or condition
 - Services are not limited to those provided to adults.

EPSDT Outpatient Specialty Mental Health

- Managed by county Mental Health Plans
- Only one component of much larger EPSDT issue
- Special funding arrangement between state and county
 - State pays part of local matching requirements
 - State funding not capped.

Preliminary Ideas for Discussion

- Financing and Administrative Efficiencies
 - Eliminate requirement for UMDAP for Medi-Cal beneficiaries
 - Clarify requirements
 - Provide samples of acceptable documentation, policies, procedures
 - Review/streamline administrative requirements

Preliminary Ideas for Discussion

- Managed Care
 - Obtain exemption from new federal managed care regulations
 - Establish strategies to facilitate service delivery for individuals placed out-of-county

Preliminary Ideas for Discussion

Benefits

- Broaden sites where federal reimbursement can be obtained
 - Free standing psych hospitals for adults
 - Juvenile detention facilities--prior to sentencing
- Replace day treatment for adults with partial hospitalization
- For adults at risk of repeat hospitalization
 - Add consumer operated peer support services
 - Add integrated treatment of substance abuse disorders

Next Meeting

Wednesday, April 21, 2004

1:30-4:30 PM

744 P Street Auditorium, Sacramento

Client/Family Member Pre-Meeting

10:30-12:00 Noon

Room 120, 1600 P Street, Sacramento

(Room is subject to change, please check website)

Contacts

- Web Sites
 - DHS—www.medi-calredesign.org
 - DMH—www.dmh.ca.gov
- E-mail
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 - Please include your name and any agency/organization affiliation
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